

|  |  |  |                   |
|--|--|--|-------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><i>(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i> |  | <b>Docket Number</b><br><b>23558-008US</b> |                   |
| In re Application of   | Ian Hector FRAZER  |  |                   |
| Application Number   | 10/534,130   | Filed                                      | December 30, 2005 |
| For  | <b>A METHOD FOR OPTIMISING GENE EXPRESSION USING SYNONYMOUS CODON OPTIMISATION</b> |  |                   |
| Art Unit   | 1636   | Examiner                                   | Kimberly Makar    |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter appropriate fee below):

|   | Large Entity Fee | Small Entity Fee |                   |
|---|------------------|------------------|-------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))              | \$ 120           | \$ 60            | \$ _____          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))             | \$ 450           | \$ 225           | \$ _____          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))           | \$ 1020          | \$ 510           | \$ _____          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))            | \$ 1590          | \$ 795           | \$ _____          |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2230          | \$ 1115          | \$ <u>2230.00</u> |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached. **WARNING: Information on this form may become public. Credit card information should not be included on this form.**

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3840.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

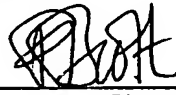
☒ attorney or agent of record. Registration Number 40,244

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

November 21, 2007  
Date

(202) 416-6800  
Telephone Number

61263  
Customer No.

Signature

**Paul M. Booth**  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Adjustment Date: 03/04/2008 CKHLOK  
 11/21/2007 INTEREST 00002563 503840  
 2230.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |                                     |                          |             |
|---|-----------------------------------|-------------------------------------|--------------------------|-------------|
| 1 Date of Request: <u>03/03/08</u>                    |                                   | 2 Serial/Patent # <u>10/534,130</u> |                          |             |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER                      | 5 DATE FILED             | 6 AMOUNT    |
|   | Filing                            |                                     |                          | \$          |
|   | Amendment                         |                                     |                          | \$          |
| X   | Extension of Time                 | wfee                                | 11/21/07                 | \$ 2,230.00 |
|   | Notice of Appeal/Appeal           |                                     |                          | \$          |
|   | Petition                          |                                     |                          | \$          |
|   | Issue                             |                                     |                          | \$          |
|   | Cert of Correction/Terminal Disc. |                                     |                          | \$          |
|   | Maintenance                       |                                     |                          | \$          |
|   | Assignment                        |                                     |                          | \$          |
|   | Other                             |                                     |                          | \$          |
|   |                                   |                                     | 7 TOTAL AMOUNT OF REFUND | \$ 2,230.00 |
| 10 REASON:  |                                   | 8 TO BE REFUNDED BY:                |                          |             |
|   | Overpayment                       | Treasury Check                      |                          |             |
|   | Duplicate Payment                 | X                                   | Credit Deposit A/C #:    |             |
| X   | No Fee Due (Explanation):         | 9                                   | 5                        | 0           |
| Extension filed after extendable period               |                                   | --                                  | 3                        | 8           |
|   |                                   | 4                                   | 0                        |             |
| 11 REFUND REQUESTED BY:                               |                                   |                                     |                          |             |
| TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>         |                                   | TITLE: <u>Petitions Examiner</u>    |                          |             |
| SIGNATURE: <u><i>Sherry D. Brinkley</i></u>           |                                   | PHONE: <u>2-3204</u>                |                          |             |
| OFFICE: <u>Petitions</u>                              |                                   |                                     |                          |             |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |                                     |                          |             |
| APPROVED: <u><i>CKK</i></u>                           |                                   | DATE: <u>3/4/08</u>                 |                          |             |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*